

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/635,822  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/					151						
102		/					152						
103		/					153						
104	/						154						
105		/					155						
106	/						156						
107		/					157						
108		/					158						
109	/						159						
110		/					160						
111	/						161						
112	/						162						
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144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	7						TOTAL DEP.						
TOTAL CLAIMS	12						TOTAL CLAIMS						

# CLAIMS ONLY

SERIAL NO.

101635,822

FILING DATE

APPLICANT(S)

Filed  
8/3/04

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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41		/				
42		/				
43		/				
44						
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	2					
TOTAL DEP.	9					
TOTAL CLAIMS	11					

	* 8/3/04 *		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54	/					
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
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63		/				
64		/				
65		/				
66		/				
67	/					
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69		/				
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83		/				
84	/					
85		/				
86		/				
87		/				
88		/				
89		/				
90		/				
91		/				
92	/					
93		/				
94	/					
95		/				
96	/					
97		/				
98		/				
99		/				
100	/					
TOTAL IND.	7					
TOTAL DEP.	43					
TOTAL CLAIMS	50					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS